

FORM 3080 – BODY ARTIST INSTRUCTOR REGISTRATION

FEE \$50

| | | | | | |
|-------------------------------------|--|-------|--|-----|--|
| NAME OF INSTRUCTOR | | | | | |
| NAME OF SCHOOL | | | | | |
| ADDRESS (LOCATION) | | | | | |
| CITY | | STATE | | ZIP | |
| DATE OF EMPLOYMENT AS AN INSTRUCTOR | | | | | |

All Body Artist Trainers shall have the following:

1. Body Artist Certification with ADH for five (5) of the last five (5) years;
2. Blood borne pathogens course completion;
3. Current artist license and be operating in compliance with applicable laws and regulations

The above information shall be verified by the State Board of Private Career Education with the Arkansas Department of Health (ADH).

INSTRUCTIONS

- Check the box and follow the instructions in **Section A** if the Body Artist Trainer was first certified by ADH **before April 16, 2006**.
- Check the box and follow the instructions in **Section B** if the Body Artist Trainer was first certified by ADH **between April 17, 2006 and July 31, 2007**.
- Check the box and follow the instructions in **Section C** if the Body Artist Trainer was first certified by ADH **on or after August 1, 2007**.

☐ **A. If first certified by ADH as a Body Artist before April 16, 2006, complete Section D.**

☐ **B. If first certified by ADH as a Body Artist between April 17, 2006 and July 31, 2007, attach proof of the following and complete Section D:**

| | |
|---|--|
| 1 | Not less than a high school diploma or GED; |
| 2 | At least six (6) months apprenticeship that included a minimum of 375 clock hours at a shop licensed by ADH; |
| 3 | Completion of 150 procedures in each area for which seeking instructor registration. |

☐ **C. If certified by ADH as a Body Artist on or after August 1, 2007, attach proof of the following and complete Section D:**

| | |
|---|--|
| 1 | Not less than a high school diploma or GED; |
| 2 | Minimum of 375 clock hours at a school licensed by SBPCE; |
| 3 | Completion of 150 procedures in each area for which seeking instructor registration. |

D. PROGRAM(S) FOR WHICH SEEKING INSTRUCTOR REGISTRATION

Check each program listed below for which seeking instructor registration. Attach copies of the supporting documents as required for each program.

☐ Body Piercing

From the bound book, as required to be maintained by ADH, document the following:

- Not less than 150 BODY PIERCING procedures.
- Date order the procedures with the most recent on top.
- Number the procedures from B1 to B150.
- Attach a passport size photo.

☐ Tattooing

From the bound book, as required to be maintained by ADH, document the following:

- Not less than 150 TATTOOING procedures.
- Date order the procedures with the most recent on top.
- Number the procedures from T1 to T150.
- Attach a passport size photo.

☐ Permanent Cosmetics

From the bound book, as required to be maintained by ADH, document the following:

- Not less than 150 PERMANENT COSMETICS procedures.
- Date order the procedures with the most recent on top.
- Number the procedures from P1 to P150.
- Attach a passport size photo.

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets are true, complete and accurate. I am certifying that I have completed not less than 150 procedures for each program in which instructing. I understand that if requested, I shall provide proof of the procedures to the Board.

| | |
|----------------------------|-------------------------|
| | |
| Printed Name of Instructor | Signature of Instructor |

| | |
|------|--|
| Date | |
|------|--|

Under penalty of perjury as an authorized school official, I have carefully reviewed and verified the qualifications and statements of the instructor in this application as required by Arkansas Code Annotated § 6-51-601 and the Regulations of the State Board of Private Career Education.

| | |
|---------------------------------|-------|
| | |
| Printed Name of School Official | Title |
| | |
| Signature of School Official | Date |